



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

DEBBY RANSOM, R.N., R.H.I.T. - Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

January 3, 2007

Doug West, Administrator
Idacare, Inc
1005 Airport Road
Blackfoot, ID 83221

FILE COPY

License #: RC-846

Dear Mr. West:

On August 10, 2006, a complaint investigation survey was conducted at Idacare, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact , Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

Karen McDannel, RN

KAREN MCDANNEL, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

KM/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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August 24, 2006

FILE COPY

Doug West, Administrator
Idacare, Inc.
1005 Airport Road
Blackfoot, ID 83221

Dear Mr. West:

On August 10, 2006, a Complaint Investig. survey was conducted at Idacare, Inc.. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 9, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure



IDAHO DEPARTMENT OF
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August 24, 2006

Doug West, Administrator
Idacare, Inc
1005 Airport Road
Blackfoot, ID 83221

Dear Mr. West:

On August 10, 2006, a complaint investigation survey was conducted at Idacare, Inc. The survey was conducted by Rae Jean McPhillips, R.N. and Karen McDannel, R.N. This report outlines the findings of our investigation.

Complaint # ID00001660

Allegation #1: The facility does not have a planned or approved menu that is signed and dated by a registered dietitian.

Findings: Based on interview and record review it was determined that the facility did not have a menu signed and dated by a registered dietitian.

On August 10, 2006 at 2:00 p.m., the administrator stated the facility's menus were developed by Food Services of America and he purchased them in 2005.

Review of the facility's menus revealed meals were planned by Food Services of America, however they did not include a signature and date by a registered dietician.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.01 for not having signed and dated menus. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility is not serving the planned menu.

Findings: Based on interview and record review the facility did not follow the planned menus.

On August 10, 2006 at 2:00 p.m., the administrator stated that the menus are not always followed.

Doug West, Administrator
August 24, 2006
Page 2 of 2

On August 10, 2006 at 2:15 p.m., a staff member stated they followed the menus, however there were times when substitutes were made.

Conclusion: Substantiated. The facility was not cited as they acted appropriately by documenting substitutions on the planned menu as required by IDAPA 16.03.22.451.01.d

Allegation #3: The facility did not document substitutions to the planned menu.

Findings: Based on interview and record review the facility did document substitutions to the planned menus.

On August 10, 2006 at 2:00 p.m., the administrator stated that the menus were not always followed. Additionally he stated, when food was substituted on the menu, staff documented that substitution on the menu.

On August 10, 2006 at 2:15 p.m., a staff member stated, they followed the menu. When substitutions were made they were documented on the menu.

July 2006, and August 2006, menus were reviewed on August 10, 2006 at 2:20 p.m., the menus had substitutions documented.

Conclusion: Unsubstantiated. The facility did appropriately document substituted items on the planned menus.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies. AND/OR Non-core issues were identified and included on the Punch List.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



RAE JEAN MCPHILLIPS
Team Leader
Health Facility Surveyor
Residential Community Care Program

RM/slc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



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ASSISTED LIVING

Non-Core Issues

Punch List

| | | |
|---|-------------------------------------|--------------------------|
| Facility Name Ida Care West | Physical Address 1005 Airport Rd | Phone Number 785-8978 |
| Administrator Doug West | City Blackfoot | ZIP Code |
| Survey Team Leader Rae Jean McPhillips | Survey Type Complaint | Survey Date 8/10/06 |

[illegible]

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| Response Required Date 9/10/06 | Signature of Facility Representative Dong West |
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